



Please tick appropriate block: Evergreen Orion Easy Benefit Plan

PLEASE FAX AND THEN POST THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

Orion

Claims Department
Old Mutual SuperFund-Orion
PO Box 728
Cape Town 8000

Fax: 021 509 5770/1

Evergreen

Claims Department
Old Mutual SuperFund-Evergreen
PO Box 167
Cape Town 8000

Fax: 0860 383 848 (servicing)

Easy Benefit Plan

Claims Department
Old Mutual SuperFund-Easy Benefit Plan
PO Box 167
Cape Town 8000

Fax: 021 509 4669

ALL sections must be completed

A. Fund Details

Participating employer _____
Contact person at employer _____
E-mail address of contact person _____
Fund code _____

B. Member's Personal Details

Surname _____ Initials _____ Title _____
Date of birth _____ ID number _____
Fund Reference number _____

C. Deceased's Personal Details - complete only if the deceased is not the member

Surname _____ Initials _____ Title _____
Date of birth _____ ID number _____
Relationship to member _____

D. Date of Death

E. Family Benefit Payable to

The benefit will be electronically transferred to the relevant bank account.

Bank Account Details

Account holder's name _____
Name of bank _____ Name of branch _____
Branch code _____ Account number _____

Address to which confirmation of payment should be sent

Contact Person _____
Postal Address _____

F. Declaration and Authority to Pay Claim - to be completed by the participating employer

I/We the undersigned, in my/our capacity as employer and duly authorised to make this declaration, hereby declare:

- That the person whose death gave rise to this claim has in fact died and was in fact a legitimate participant in the fund.
- That payment of the proceeds due in respect of the above member in terms of the aforementioned fund shall represent the full and final discharge of Old Mutual Life Assurance Company (South Africa) Limited's liability in respect of that member under the said fund.

Signed at _____ this _____ day of _____ 20 _____

Participating employer signature _____

Print name _____

Please attach to this form

- A certified copy of Death Certificate (certified by a Commissioner of Oaths or by the SAP)
- To prove relationship of deceased spouse/child to member:
Spouse - Certified copy of marriage certificate **or** sworn affidavit confirming relationship
Child - Certified copy of birth certificate **and** sworn affidavit confirming relationship
- **Claim will be processed on receipt of faxed or pdf documents - original must follow via post.**
- **Once submitted, changes to this form will only be accepted on a newly completed form.**

